

**TRAVEL EXPENSE VOUCHER  
AMERICAN MATHEMATICAL SOCIETY  
201 Charles Street  
Providence, RI 02904-2294**

*(see detailed instructions on reverse of this form)*

Level C Council of the AMS Forward to Staff Liaison: ELLEN HEISER
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Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
street city state zip

Purpose of trip: Council Meeting  
meeting attended

city and date

Date and hour: Departure: \_\_\_\_\_ Return: \_\_\_\_\_

**TRANSPORTATION EXPENSES:**

Airline ticket reimbursement is limited to economy class, at least two weeks advance purchase rate.  
 Private automobile mileage reimbursement is limited to the comparable cost of an airline ticket.

Intercity:	From	To	Carrier	Amount Claimed
_____	_____	_____	_____	\$ _____.
_____	_____	_____	_____	\$ _____.

Local (taxi, etc. to and from home/airport/hotel only - may not exceed \$150) \$ \_\_\_\_\_.

Private auto: \_\_\_\_\_ miles @ 50.5¢/mile = \$ \_\_\_\_\_ + \$ \_\_\_\_\_ tolls + \$ \_\_\_\_\_ parking = \$ \_\_\_\_\_.  
(2008 rate)

**LIVING EXPENSES:** (limited to night before and night of meeting)

Hotel (Do NOT include movie rentals, health club, or laundry. Reasonable daily cost of internet access IS allowed.) \$ \_\_\_\_\_.

Meals (**ACTUAL** expenses only, which do not appear on hotel bill; list on reverse) \$ \_\_\_\_\_.

**TOTAL EXPENSES CLAIMED**

\$ \_\_\_\_\_.

I certify that this statement of charges claimed by me, including attachments, is correct and proper:

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Office Use Only		
Supervisor: _____	01- _____ - _____ - _____	\$ _____.
Date: _____	01- _____ - _____ - _____	\$ _____.
Revised 01/08		

**American Mathematical Society  
Explanation of Level C Reimbursement**

Travel support is provided for travel to Council meetings by members of the Council, members of the Board of Trustees, and Policy Committee Chairs.

Members are urged to exercise economy in formulating travel plans and discretion in requesting reimbursement from the Society.

***Reimbursable travel expenses***

Meetings are limited to the stated number per year (see charge). For each member attending a regular meeting of the Council the following expenses will be reimbursed, if requested: ground transportation (up to \$150) to and from home/airport/hotel; air or other transportation up to the economy round trip air amount; lodging for the night before and night of any scheduled meeting; reasonable meals for that time period (except that when meals are to be served in a meeting, no other meal will be reimbursed during that part of the day); and reasonable cost of daily internet access in the travel time period.

***Limitations on tickets and hotel***

Air tickets must be purchased at least two weeks in advance. Reimbursement will be made for the actual cost of an airline ticket, or ticket for another form of transportation, not exceeding economy class round trip fare. If driving, reimbursement will be at the actual mileage from home city to the meeting site and back at the current approved rate, to the extent that this amount does not exceed the cost of economy class round trip air fare for the same trip. Hotel and meal expenses will be covered for no more than the night before and night of any meeting attended.

***Expenses not covered***

Expenses not covered include: registration fees for AMS meetings, first class tickets, excess charges for airline tickets not purchased at least two weeks prior, excess baggage charges, ticket change charges if for personal reasons (except if plans are changed due to illness or emergency), flight insurance, room charges in excess of the single rate, laundry, health club fees, and in-room movies.

***Submitting vouchers***

The completed Level C voucher should be forwarded to Ellen Heiser at the AMS address shown on the front of this form. Attach receipts, including ticket stubs, for all expenses. If the amount of the expense claimed on the voucher does not match the amount on the receipt, please write a note of explanation on the receipt. Expenses under \$25 do not require receipts if a receipt is not readily available; however, **only actual expenses will be reimbursed, not estimated.** *All expense reimbursement requests must be received within 90 days of the date the meeting occurred.* A copy of each voucher and all supporting documentation should be retained for possible inspection by the Internal Revenue Service.

***Questions***

If you have any questions, please contact Ellen Heiser at the AMS Headquarters:  
[ehh@ams.org](mailto:ehh@ams.org), 800-321-4267 (from within US and Canada), or 401-455-4103.

**MEAL LOG**

DATE	BREAKFAST	LUNCH	DINNER	TOTAL